COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <a href="https://doi.org/10.1001/journal.or

the specification of which:	(check one)	ļ
-----------------------------	-------------	---

		REGULAR OR DESIG	GN APPLICATION			
	is attached hereto.					
	was filed on	was filed on as application Senal No				
_		(i				
				•		
	PCT	FILED APPLICATION EN	TERING NATIONAL STAGE			
	was described and claimed in International application No. <u>WO2004/062994</u> filed on <u>20/10/03</u> and as amended on(if any).					
l hereb claims,	y state that I have review		ntents of the above-identified sp	ecification, including the		
leckno	wledge the duty to disclos	se information which is mate	erial to patentability as defined in	Title 37, Code of Federal		
Regula	tions, §1.56.	PRIORITY	CLAIM			
ing date	e before that of the application	PRIOR FOREIGN A		Priority		
	Country	Number	(day, month, year)	Claimed		
	FR	02 15594	10 décembre 2002	Yes		
I hereby tion(s)	y claim the benefit under a steed below:	Fitle 35, United States Code	§119(e) of any United States pro	ovisional patent applica-		
Applica	tion No.	Filing Date	Status (patented,	pending abandoned)		
(Compl	ete this part only if this is	a continuing application.)		-		
ject ma provide patenta	tter of each of the claims d by the first paragraph bility as defined in Title 3	of this application is not disc of 35 USC 112, I acknowle 7 Code of Federal Regulation	States application(s) listed below closed in the prior United States a dge the duty to disclose informations §1.56 which became availably filing date of this application:	application in the manner ition which is material to		
Applica	tion No.	Filing Date	Status (patented,	pending abandoned)		
		=	•	- ,		

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from historney as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, and Liam MCDOWELL, Reg. No. 44,231,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202 Customer Number

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: ESCARGUE	L Hugues	
Inventor's signature:	Date:	
Residence: FRANCE	Citizenship:	French
Post Office Address: Le Moulin de Madame,	F-11290 ARZENS, FRANCE	
Full name of second joint inventor, if any:		
Inventor's signature:		
Residence:		
Post Office Address:		
P. II		
Inventor's signature:		
Residence:		
Post Office Address;		
Full name of fourth joint inventor, if any:		
Inventor's signature:		
Residence:		
Post Office Address:		